

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T										
1	Unified Rate Review v5.3																			To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P. To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L. To validate, select the Validate button or Ctrl + Shift + I. To finalize, select the Finalize button or Ctrl + Shift + F.									
2																													
3	Company Legal Name: Molina Healthcare of Kentucky, Inc.																			State: KY									
4	HIOS Issuer ID: 73891																			Market: Individual									
5	Effective Date of Rate Change(s): 1/1/2022																												
6																													
7																													
8	Market Level Calculations (Same for all Plans)																												
9																													
10																													
11	Section I: Experience Period Data																												
12	Experience Period: 1/1/2020 to 12/31/2020																												
13																													
14	Allowed Claims																			#DIV/0!									
15	Reinsurance																			#DIV/0!									
16	Incurred Claims in Experience Period																			#DIV/0!									
17	Risk Adjustment																			#DIV/0!									
18	Experience Period Premium																			#DIV/0!									
19	Experience Period Member Months																			0									
20																													
21	Section II: Projections																												
22																													
23	Benefit Category																			Trended EHB Allowed Claims PMPM									
24	Experience Period Index Rate PMPM																			Year 1 Trend									
25																				Cost									
26																				Utilization									
27																				Year 2 Trend									
28																				Cost									
29																				Utilization									
30	Inpatient Hospital																			\$0.00									
31	Outpatient Hospital																			\$0.00									
32	Professional																			\$0.00									
33	Other Medical																			\$0.00									
34	Capitation																			\$0.00									
35	Prescription Drug																			\$0.00									
36	Total																			\$0.00									
37																													
38	Morbidity Adjustment																			0.00%									
39	Demographic Shift																			0.00%									
40	Plan Design Changes																			0.00%									
41	Other																			0.00%									
42	Adjusted Trended EHB Allowed Claims PMPM for 1/1/2022																			\$0.00									
43																													
44	Manual EHB Allowed Claims PMPM																			\$529.24									
45	Applied Credibility %																			0.00%									
46																													
47																													
48																													
49																													
50																													
51																													

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

Company Legal Name: Molina Healthcare of Kentucky, Inc.
 HIOS Issuer ID: 73891
 Effective Date of Rate Change(s): 1/1/2022

State: KY
 Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	Molina Healthcare						Molina Healthcare + Vision
1.2 Product ID	73891KY001						73891KY002
1.3 Plan Name	Confident Care	Constant Care	Constant Care	Constant Care	Constant Care	Confident Care	Constant Care
1.4 Plan ID (Standard Component ID)	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
1.5 Metal	Gold	Silver	Silver	Silver	Silver	Gold	Silver
1.6 AV Metal Value	0.796	0.706	0.696	0.661	0.695	0.796	0.706
1.7 Plan Category	New	New	New	New	New	New	New
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11 Cumulative Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %	0.00%						0.00%
1.13 Submission Level Rate Increase %	0.00%						0.00%

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.8 Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.9 Experience Period Member Months	0	0	0	0	0	0	0	0
2.10 Current Enrollment	0	0	0	0	0	0	0	0
2.11 Current Premium PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month								
2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
3.2 Market Adjusted Index Rate	\$504.44						
3.3 AV and Cost Sharing Design of Plan	1.0798	0.8405	0.8323	0.8166	0.8381	1.0797	0.8405
3.4 Provider Network Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	1.0000	1.0089	1.0114
Administrative Costs							
3.6 Administrative Expense	9.47%	11.82%	11.92%	12.12%	11.85%	9.40%	11.71%
3.7 Taxes and Fees	4.07%	4.09%	4.09%	4.09%	4.09%	4.07%	4.09%
3.8 Profit & Risk Load	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%	3.00%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$652.64	\$522.85	\$518.39	\$509.87	\$521.55	\$657.84	\$528.10
3.11 Age Calibration Factor	0.5908						0.5908
3.12 Geographic Calibration Factor	1.0000						1.0000
3.13 Tobacco Calibration Factor	1.0000						1.0000
3.14 Calibrated Plan Adjusted Index Rate	\$385.58	\$308.90	\$306.27	\$301.23	\$308.13	\$388.65	\$312.00

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	73891KY0010001	73891KY0010002	73891KY0010004	73891KY0010007	73891KY0010008	73891KY0020001	73891KY0020002
4.2 Allowed Claims	\$8,356,862	\$824,794	\$1,803,141	\$1,803,141	\$1,803,141	\$1,288,646	\$434,027	\$399,975
4.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.4 Member Cost Sharing	\$1,092,701	\$132,214	\$210,003	\$225,641	\$255,249	\$153,419	\$69,591	\$46,584
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$7,264,161	\$692,580	\$1,593,138	\$1,577,500	\$1,547,892	\$1,135,227	\$384,436	\$353,387
4.7 Risk Adjustment Transfer Amount	\$340,338	\$33,590	\$73,434	\$73,434	\$73,434	\$52,481	\$17,676	\$16,288
4.8 Premium	\$8,510,424	\$1,017,116	\$1,781,410	\$1,766,162	\$1,737,296	\$1,269,862	\$539,487	\$399,091
4.9 Projected Member Months	15,790	1,558	3,407	3,407	3,407	2,435	820	756
4.10 Loss Ratio	82.07%	65.92%	85.89%	85.75%	85.48%	85.85%	65.41%	85.08%
Per Member Per Month								
4.11 Allowed Claims	\$529.25	\$529.39	\$529.25	\$529.25	\$529.25	\$529.22	\$529.30	\$529.06
4.12 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.13 Member Cost Sharing	\$69.20	\$84.86	\$61.64	\$66.23	\$74.92	\$63.01	\$84.87	\$61.62
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$460.05	\$444.53	\$467.61	\$463.02	\$454.33	\$466.21	\$444.43	\$467.46
4.16 Risk Adjustment Transfer Amount	\$21.55	\$21.56	\$21.55	\$21.55	\$21.55	\$21.55	\$21.56	\$21.55
4.17 Premium	\$538.98	\$652.83	\$522.87	\$518.39	\$509.92	\$521.50	\$657.91	\$527.90

Rating Area Data Collection

Specify the total number of Rating
Select only the Rating Areas you ar
To validate, select the Validate butt
To finalize, select the Finalize butt

Rating Area	Rating Factor
Rating Area 3	1.0000

